CR2E034 (11/98)	

CORPORATION Katheri ANNUAL REPORT Secretar	RTMENT OF STATE INE Harris Try of State CORPORATIONS	ANLEN CALISH OF GROU	r Listra: Pomocija		
DOCUMENT # 452354 1. Corporation Name BLOIS + Blois Studios Inc		99 NOV 18 Pi	1 1:37		
Principal Place of Business 2574 NW384St BXX.a Raton, F133434	Ame	DO NOT WRITE IN THIS SP 3. Date incorporated or Qualified	_		
2 Principal Place of Business 38 Th St 2a. Mailing Address 21 25 74 NW 38 Th St 26		4. FEI Number 59 2532815	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22	5. Certificate of Status Desired	8.75 Additional Fee Required			
City & State City & State City & State City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Zip Country Zip	Country 30	This corporation owes the current year Intanger Personal Property Tax.	ible Yes ☐No		
Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Age	int		
JAN Peter Weiss 370 Camino Gardens Divd Boca Raton, Fl.		dress (P.O. Box Number is Not Acceptable)	35 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. TILE THE DOROTHY L-Blois STHEFT ADDRESS CIY-SI-ZIM DOROTHY L-Blois CIY-SI-ZIM BOCA RATON, F. 1. 33434-	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND E P.V. T. S. CARL BLOW 1574 NW 38 h St	ORECTORS IN 12 (Change Addition St		
OTY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZPP		Change Addition		
THE PROPERTY DELETE NAME STREET ADORESS CITY: ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	1000030262 -11/30/99010	Change		
TITLE DELETE NAME STREET ADDRESS	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	**************************************	Change Addition		
CITY ST ZET THE ET ADORESS DELETE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	1000030262 -10/27/99010	Change Addition 314 356-010		
CITY-ST-ZIP TILE NAME STREFT ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	*****35.00	機能機・35mQQuon		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the professor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER	OR DIRECTOR	Date Daylind	e Phone #		